

**DAN PIRES MEMORIAL SCHOLARSHIP FUND
c/o LIGHT FOUNDATION
APPLICATION**

1. Name _____ Phone # _____ Email _____
2. Address _____ City _____ State _____ Zip _____
3. High School _____ Graduation Year _____
4. Parent's/Guardian's Name _____ Occupation _____
Income (include all revenue): last year \$ _____ Anticipated for this year \$ _____
Parent's/Guardian's Name _____ Occupation _____
Income (include all revenue): Last year \$ _____ Anticipated for this year \$ _____
5. ~~Number of dependents your parents/guardians support (include yourself) _____ List age(s) _____~~
6. 2022 graduates: To what Colleges/ Universities do you plan to apply?

7. What is your career goal or intended college major? _____
8. What are the annual costs of the college you expect to attend? (see below) Total Cost \$ _____
Tuition \$ _____ Room and Board \$ _____ Fees \$ _____ Additional Expenses \$ _____
9. List part-time and/or summer jobs? _____
10. How much money do you expect to contribute to your education expenses? \$ _____
11. Which scholarships have you received (or will receive)? _____
_____ Totaling how much? \$ _____
12. On an attached sheet of paper tell us about any extenuating circumstance you may have that would help us evaluate your application. Please refer to the criteria for selection on the other side of this application.

IMPORTANT – THIS FORM MUST BE ACCOMPANIED BY:

- 1) An essay about one of the following topics, not to exceed one page typed, 12 point font.
 - a. How does helping others make our world a better place?
 - b. Who is the most supportive person in your life?
- 2) A list of extracurricular activities and/or community service in which you have participated and any honors you have received
- 3) An **official** transcript of your grades (stamped or in envelope with school seal). Transcript can be submitted separately.

**Mail to: Dan Pires Memorial Scholarship, Boys & Girls Club of Greater New Bedford
166 Jenney Street, New Bedford, MA 02740**

Application must be received before 5:00 p.m. EXTENDED TO 4/8/22

I agree that my child's name can be used in announcements made by the Dan Pires Memorial Scholarship Fund YES _____
NO _____

I certify that all information submitted on this form is complete and accurate to the best of my knowledge and agree to provide proof of information upon request.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____